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SOLICITATION NUMBER: RM5019AD1
DUE DATE: 10/19/04
TIME: 3:00 P.M.

STATE PURCHASING AGENT: ROSELLE MILLER
DATE ADDENDUM SENT: 9/30/04

ITEM(S) TO BE PURCHASED: Substance Abuse Treatment Needs Survey.

ADDENDUM #1

Please note: Due to a font error in Appendix 3- State Treatment Needs Assessment Program (STNAP) included in the original RFP, please replace it with the new attached Appendix 3.

Solicitation due date and time remain the same Tuesday, October 19, 2004 at 3:00 p.m.

Please return all addenda with solicitation or add a statement to your original solicitation acknowledging receipt of any addenda received on this solicitation or your bid maybe rejected.

STNAP SURVEY CORE PROTOCOL QUESTIONNAIRE

STNAP SURVEY QUESTIONNAIRE

July 10, 2002

INTERVIEWER'S CODE NUMBER:

DATE AND TIME INTERVIEW BEGAN:		
S0a. DATE: (MM:DD:YY)	___ ___ ___	
S0b. TIME: (HH:MM)	___ ___	S0c. AM= 1 / PM= 2: ___

[READ INTRODUCTION TO PERSON FIRST ANSWERING AND THE PERSON SELECTED TO BE INTERVIEWED.]

Hello, my name is _____, and I am calling from _____.
We are conducting a voluntary survey for _____ on health issues, including the use of alcohol and drugs. The State needs the results to plan for health services for its citizens. The interview will take an average of about ___ minutes.

We need your help to make this study as accurate as possible. Your telephone number was chosen randomly, and your participation is important for the study's validity. We do not have your name or address, and your responses will not be linked to your phone number. All information you give us will be kept strictly anonymous and no individual data will be reported. May I proceed?

INSTRUCTIONS TO INTERVIEWER

Throughout the interview, response categories for *don't know* and *refused* have been inserted where appropriate. Whenever one of these choices applies to a question, follow the AGO TO® directions for the "NO" response unless otherwise instructed.

Never read the "*DON'T KNOW*" and "*REFUSED*" response categories or any capitalized and bolded text to the respondent. Do not leave response categories blank; use zero if appropriate.

SCREENING QUESTIONS

S1. Have I reached a household, or is this a group quarters, such as a dormitory, shelter, nursing home, or institution?

- 1 **Household** (GO TO S2)
- 2 **Group Quarters** (GO TO J1a)
- 7 ***DON=*T KNOW**
- 8 ***REFUSED***

S2. How many people live in your household, including yourself?

- _____ # **PEOPLE**
- 77 ***DON=*T KNOW**
 - 88 ***REFUSED***

S2a. How many of the people who live here are adults? Adult includes everyone age 18 and older. **(IF NO ADULTS LIVE IN THE HOUSEHOLD, GO TO J1a)**

- _____ # **ADULTS**
- 77 ***DON=*T KNOW**
 - 88 ***REFUSED***

S3. How many different **telephone numbers** do you have in this household? Do not count any numbers that are used only for FAX machines, computers, business numbers, or extensions that use the same number. Also do not count cell phones.

- _____ # **OF TELEPHONES (IF MORE THAN 3, CONFIRM THAT IT IS A RESIDENCE. IF IT IS NOT, GO TO J1a)**
- 7 ***DON=*T KNOW**
 - 8 ***REFUSED***

S4. Can you tell me, of the adults who now live in your household **C** including yourself **C** who had the most recent birthday? Who would that be? **(EXPLAIN AFTER RESPONSE):** We interview whoever had their birthday most recently to make our choice totally random.

(PERSON WITH MOST RECENT BIRTHDAY OF THOSE 18 OR OLDER):

- 1 **RESPONDENT** Then you're the one I want to talk to
 (GO TO S8)
- 2 **SOMEONE ELSE** **(GO TO S6)**
- 3 **ONLY KNOWS OWN BIRTHDAY** Then you're the one I want to talk to
 (GO TO S8)
- 4 **DOESN=**T KNOW ALL BIRTHDAYS **(GO TO S5)**
- 8 **REFUSED** **(GO TO J1a)**

S5. **(IF PERSON DOESN=**T KNOW ALL BIRTHDAYS) **C** Of those 18 or older whose birthdays you do know, who has had the most recent birthday?

- 1 **RESPONDENT** Then you're the one I want to talk to **(GO TO S7)**
- 2 **SOMEONE ELSE** **(GO TO S6)**

- S6. **(IF SOMEONE ELSE)** May I speak to that person?
- 1 **TRANSFERRED TO NEW PERSON** **(GO TO S7)**
 2 **PERSON NOT AVAILABLE** **(GO TO S9)**
- S7. Am I speaking to a member of the household who is at least 18 years old?
(READ INTRODUCTION TO NEW PERSON.)
- 1 **YES, PERSON AGREES TO INTERVIEW** **(GO TO S8)**
 2 **QUALIFIES, BUT REFUSED TO INTERVIEW** **(GO TO J1a)**
 3 **DOES NOT QUALIFY (ASK FOR ANOTHER PERSON)** **(GO TO S5)**
 7 ***DON=T KNOW*** **(GO TO J1a)**
 8 ***REFUSED*** **(GO TO J1a)**
- S8. Can we start the interview now?
- 0 **NO** **(GO TO S9)** 7 ***DON=T KNOW***
 1 **YES** **(GO TO SECTION A)** 8 ***REFUSED***

[IF PERSON NOT AVAILABLE TO BE INTERVIEWED NOW, RESCHEDULE.]

S9. Could you suggest a convenient time for me to call back to reach...

(IF RESPONDENT) you? What is your first name?

(IF OTHER PERSON) this person? What is the first name of this person?

[RECORD FIRST NAME AND DATE / TIME TO RETURN CALL. NEGOTIATE ANOTHER TIME AS SOON AS CONVENIENT.]

S9a. FIRST NAME: _____

S9b. DATE: (MM:DD:YY)	____ ____ ____	
S9c. TIME: (HH:MM)	____ ____	S9d. AM= 1 / PM= 2: ____

A. CORE DEMOGRAPHICS

A1. Please tell me how old you are now.

_____ **YEARS OLD (RANGE 18-110. IF LESS THAN 18 GO TO J1b)**

777 **DON= T KNOW**

888 **REFUSED**

[FROM THE SOUND OF THE RESPONDENT'S VOICE INFER SEX.]

A2. So you are a _____-year old [female] [male], is that correct?

0 **FEMALE**

1 **MALE**

A3. What language would you like to be interviewed in? **[STATE HAS THE CHOICE TO USE THIS QUESTION]**

1 English **(USE ENGLISH QUESTIONNAIRE)**

2 Spanish **(USE SPANISH QUESTIONNAIRE)**

3 Either is O.K. **(USE ENGLISH QUESTIONNAIRE)**

A4. Are you of Hispanic or Latino(a) origin or background? **(USE A(a)@ FOR FEMALE)**

0 **NO (GO TO A5)** 7 **DON= T KNOW**

1 **YES (GO TO A4a)** 8 **REFUSED**

A4a. Which of these groups best describes you?

1 Mexican / Mexican American / Chicano(a) **(USE A(a)@ FOR FEMALE)**

2 Puerto Rican

3 Central or South American

4 Cuban / Cuban American

5 Other **(DO NOT REQUEST, ONLY USE IF VOLUNTEERED.)**
(SPECIFY) _____

7 **DON= T KNOW**

8 **REFUSED**

A5. Which of these races describes you? Select one or more races.

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other **(DO NOT REQUEST, ONLY USE IF VOLUNTEERED.)**
(SPECIFY) _____
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

[ASK A5a IF MORE THAN ONE RACE WAS SELECTED IN A5.]

A5a. Which **one** of these races, **[READ RACES NAMED IN A5]**, **best** describes you?

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Native Hawaiian or Other Pacific Islander
- 5 Asian
- 6 Other **[DO NOT REQUEST, ONLY USE IF VOLUNTEERED.]**
(SPECIFY) _____
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

A6. Are you **currently** on active duty in the armed forces?

- | | | | | | |
|---|------------|--------------------|---|--------------------------|--------------------|
| 0 | NO | (GO TO A7) | 7 | <i>DON'T KNOW</i> | (GO TO J1c) |
| 1 | YES | (GO TO J1c) | 8 | <i>REFUSED</i> | (GO TO J1c) |

A7. During the past 12 months, would you say your physical health has been excellent, very good, good, fair, or poor?

- 1 **EXCELLENT**
- 2 **VERY GOOD**
- 3 **GOOD**
- 4 **FAIR**
- 5 **POOR**
- 7 ***DON'T KNOW***
- 8 ***REFUSED***

A7a. In the past 12 months, how many times have you seen a health professional (such as a doctor or nurse) for any physical health problems?

_____ **# OF TIMES**

77 **DON= T KNOW**

88 **REFUSED**

A8. During the past 12 months, would you say your emotional or psychological health has been excellent, very good, good, fair, or poor?

1 **EXCELLENT**

2 **VERY GOOD**

3 **GOOD**

4 **FAIR**

5 **POOR**

7 **DON= T KNOW**

8 **REFUSED**

A8a. In the past 12 months, how many times have you seen a health professional (such as a counselor or therapist) for any emotional or psychological problems?

_____ **# OF TIMES**

77 **DON= T KNOW**

88 **REFUSED**

A9. Do you currently have health insurance coverage?

0 **NO (GO TO SECTION B)**

7 **DON= T KNOW**

1 **YES (GO TO A9a)**

8 **REFUSED**

A9a. Now I will ask you who pays for your insurance. Please answer yes or no to each question.

(READ EACH TYPE. CODE AS FOLLOWS)

0 **NO**

7 **DON= T KNOW**

1 **YES**

8 **REFUSED**

Is at least some of your insurance paid for by		CODE
1	You or your family?	
2	Employer or union?	
3	Public assistance (Welfare, Medicaid, etc.)?	
4	Medicare?	
5	Military health care?	
6	Other? (SPECIFY) _____	

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B. TOBACCO PREVALENCE

Now I am going to ask you a series of questions about your use of cigarettes.

B1. Have you **ever** smoked part or all of a cigarette?

0	NO (GO TO SECTION C)	7	<i>DON=T KNOW</i>
1	YES	8	<i>REFUSED</i>

B1a. Have you smoked at least 100 cigarettes in your entire life?

0	NO [STATE HAS THE CHOICE TO SKIP TO QUESTION B6 OR B7]
1	YES
7	<i>DON=T KNOW</i>
8	<i>REFUSED</i>

B2. How old were you the **first time** you smoked part or all of a cigarette?

_____ **YEARS OLD (CODE 76 FOR 76 OR MORE)**

77	<i>DON=T KNOW</i>
88	<i>REFUSED</i>

B3. How long has it been since you **last** smoked part or all of a cigarette?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	<i>DON=T KNOW</i>
8	<i>REFUSED</i>

B4. (IF B3 = 1 ASK B4a. IF B3 = 2 OR 3, ASK B4b.)
--

B4a. During the past 30 days, on how many days did you smoke part or all of a cigarette?

B4b. During the 30 days when you last smoked, on how many days did you smoke part or all of a cigarette?

_____ **# OF DAYS (RANGE 1 - 30)**

77	<i>DON=T KNOW</i>
88	<i>REFUSED</i>

B5. (IF B3 = 1 ASK B5a. IF B3 = 2 OR 3, ASK B5b.)
B5a. During the past 30 days, how many cigarettes did you smoke per day, on average?
B5b. During that same 30 days, how many cigarettes did you smoke per day, on average?

(DO NOT READ AMOUNTS IN PARENTHESES. INSTEAD, USE THEM TO GUIDE RESPONSES IF NECESSARY)

- | | | |
|---|---------------------------------|-----------------------------------|
| 0 | About 2 packs or more | (more than 35 cigarettes per day) |
| 1 | About 12 packs | (26 to 35 cigarettes per day) |
| 2 | About 1 pack | (16 to 25 cigarettes per day) |
| 3 | About 2 pack | (6 to 15 cigarettes per day) |
| 4 | 2 to 5 cigarettes per day | |
| 5 | 1 cigarette per day | |
| 6 | Less than one cigarette per day | |
| 7 | DON= T KNOW | |
| 8 | REFUSED | |

[STATE HAS THE CHOICE TO USE QUESTION B6 OR B7]

Now I am going to ask about your use of other tobacco products.

B6. Please answer yes or no to each question. In the past 12 months, did you even once ...

- | | | | |
|---|------------|---|--------------------|
| 0 | NO | 7 | DON= T KNOW |
| 1 | YES | 8 | REFUSED |

ENTER CODES FOR QUESTION B6 OPTION	B6.
a. use chewing tobacco or snuff?	
b. smoke part or all of any type of cigar?	
c. smoke tobacco in a pipe?	

B7. During the past 12 months, on how many days during an average month did you ...

_____ **# OF DAYS (CODE 30 FOR 30 OR MORE)**

- 77 **DON= T KNOW**
88 **REFUSED**

ENTER CODES FOR QUESTION B7 OPTION	B7.
a. use chewing tobacco or snuff?	
b. smoke part or all of any type of cigar?	
c. smoke tobacco in a pipe?	

C. ALCOHOL PREVALENCE

I am going to ask you several questions about drinks of alcohol. Count as a drink **C** a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor or a mixed drink. Count a 40 oz. bottle of beer as 4 drinks.

- C1. Have you **ever**, even once, had a drink of any type of alcoholic beverage? Please do not include times when you only had a sip or two from a drink.

0	NO (GO TO SECTION D)	7	DON'T KNOW
1	YES (GO TO C1a)	8	REFUSED

- C1a. Have you ever had twelve or more drinks in the same year?

0	NO		[STATE HAS THE CHOICE TO SKIP TO SECTION D]
1	YES (GO TO C2)		
7	DON'T KNOW		
8	REFUSED		

- C2. How old were you the **first time** you had a drink of an alcoholic beverage?

<u> </u>	YEARS OLD		(CODE 76 FOR 76 OR MORE)
77	DON'T KNOW		
88	REFUSED		

- C3. How long has it been since you **last** drank an alcoholic beverage?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	DON'T KNOW
8	REFUSED

- C4. During the most recent times you were drinking, on how many days during an average month did you have at least one drink?

<u> </u>	# OF DAYS		(CODE 30 FOR 30 OR MORE)
77	DON'T KNOW		
88	REFUSED		

- C5. During this same time, about how many drinks a day have you usually had when you did drink ?

<u> </u>	# OF DRINKS		(SKIP TO C6a, IF MALE AND >4 DRINKS A DAY, OR FEMALE AND > 3 DRINKS A DAY)
77	DON'T KNOW		
88	REFUSED		

[READ AS FOUR [4] DRINKS FOR FEMALES, AND FIVE [5] DRINKS FOR MALES IN QUESTIONS C6, C6a, AND C6b.]

C6. At any time in your life, did you **ever** have [4] [5] or more drinks on the same occasion?
(By occasion, we mean within several hours.)

0	NO (GO TO C7)	7	DON=T KNOW
1	YES (GO TO C6a)	8	REFUSED

C6a. How long has it been since you had [4] [5] or more drinks on the same occasion?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	DON=T KNOW
8	REFUSED

C6b. (IF C6a = 1 ASK C6b1. IF C6a = 2 OR 3 ASK C6b2.)

C6b1. In the past 30 days, on how many days did you have [4] [5] or more drinks on the same occasion?

C6b2. In the 30 days when you last did that, on how many days did you have [4] [5] or more drinks on the same occasion?

_____ **# OF DAYS (CODE 30 FOR 30 OR MORE)**

77 **DON=T KNOW**

88 **REFUSED**

C7. At any time in your life, have you **ever**, even once, gone on a binge where you kept drinking for a couple of days or more without sobering up?

0	NO (GO TO C8)	7	DON=T KNOW
1	YES	8	REFUSED

C7a. When was the last time this happened?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago
7	DON=T KNOW
8	REFUSED

C8. Have you **ever** thought that you might have a problem with alcohol?

0	NO	7	DON=T KNOW
1	YES	8	REFUSED

D. PREVALENCE OF OTHER SUBSTANCES

I want to ask some questions now about your use of other drugs that were **NOT PRESCRIBED** for you by a doctor or other health professional, or if prescribed, were taken for psychic effect not intended by the prescriber. You can just say **yes** or **no** as I read each drug.

[FIRST, READ ALL DRUG NAMES DOWN COLUMN D1. THEN FOR EACH YES@ DRUG IN D1, READ ACROSS EACH COLUMN IN TURN, FROM D2 TO D6. SKIP D4 AND/OR D5 TO COMPLY WITH INSTRUCTIONS FOR THESE QUESTIONS.]

D1. Have you **ever**, even once, used [DRUG]?

0	NO	7	DON'T KNOW
1	YES	8	REFUSED

D2. How old were you the **first time** you used [DRUG]?

_____ **YEARS OLD** (CODE 76 FOR 76 OR MORE)

77	DON'T KNOW
88	REFUSED

D3. How long has it been since you **last** used [DRUG]?

1	Within the past 30 days
2	More than 30 days ago but within the past 12 months
3	More than 12 months ago [STATE HAS THE CHOICE GO TO D6 OR CONTINUE]
7	DON'T KNOW
8	REFUSED

D4. (IF D3 = 1 OR 2 ASK D4a. IF D3 = 3 ASK D4b OR SKIP TO D6.)

D4a. During the past 12 months, on how many days did you have at least a little [DRUG]?

D4b. During the 12 months when you last used [DRUG], on how many days did you have at least a little?

_____ **# OF DAYS** (CODE 76 FOR 76 OR MORE)

77	DON'T KNOW
88	REFUSED

D5. (IF D3 = 1 ASK D5a. IF D3 = 2 OR 3 ASK D5b.)

D5a. During the past 30 days, on how many days did you use [DRUG]?

D5b. During the 30 days when you last used [DRUG], on how many days did you use it?

_____ **# OF DAYS** (RANGE 1-30)

77	DON'T KNOW
88	REFUSED

D6. Have you **ever** thought that you might have a problem with [DRUG]?

0 **NO** 7 **DON'T KNOW**
1 **YES** 8 **REFUSED**

D1 through D6 - Drug Prevalence						
READ EACH DRUG UNTIL D1=YES, THEN READ ACROSS	D1 Ever Use	D2 Age 1 st Use	D3 Last Use	D4 # -12 Mos.	D5 # -30 Days	D6 Problem
1 Marijuana	___	___ ___	___	___ ___	___ ___	___
2 Powder Cocaine	___	___ ___	___	___ ___	___ ___	___
3 Crack Cocaine	___	___ ___	___	___ ___	___ ___	___
4 Heroin	___	___ ___	___	___ ___	___ ___	___
5 Pain Relievers or Other Opiates, such as Codeine or Percocet	___	___ ___	___	___ ___	___ ___	___
6 Methamphetamine	___	___ ___	___	___ ___	___ ___	___
7 Other Stimulants, such as Speed	___	___ ___	___	___ ___	___ ___	___
8 Hallucinogens, such as PCP or LSD	___	___ ___	___	___ ___	___ ___	___
9 Tranquilizers, such as Valium	___	___ ___	___	___ ___	___ ___	___
10 Sedatives, or Sleeping Pills	___	___ ___	___	___ ___	___ ___	___

[STATES CAN ADD OTHER DRUGS. FOR ADOLESCENTS, ADD INHALANTS]
[AFTER TABLE IS COMPLETED, GO TO D7]

[ASK ALL RESPONDENTS]

D7. Have you ever injected any drug in order to get high, even just once?

0 **NO (GO TO SECTION E)** 7 **DON'T KNOW**
1 **YES** 8 **REFUSED**

D7a. How long has it been since you **last** injected a drug to get high?

1 Within the past 30 days
2 More than 30 days ago but within the past 12 months
3 More than 12 months ago
7 **DON'T KNOW**
8 **REFUSED**

E. ALCOHOL AND DRUG PROBLEM INDEX

INTERVIEWER INSTRUCTIONS:

ALCOHOL SCREEN: Ask questions for Alcohol (Columns A & B) ONLY IF:

1. Alcohol was used once a week or more (in C4) in the past 12 months (in C3), AND

2. Response was **AYES®** to ANY ONE of the following:

C8. Ever had a problem with alcohol, OR

C7a. Binged in the past 12 months, OR

IF FEMALE: C5. Averaged 3 or more drinks per occasion, OR

C6a. Had 4 or more drinks at least once in the past 12 months.

IF MALE: C5. Averaged 4 or more drinks per occasion, OR

C6a. Had 5 or more drinks at least once in the past 12 months.

Ask alcohol questions in Problem Index below? ALC_SCRN. 0 NO 1 YES

DRUG SCREEN: Ask questions for Drugs (Columns A & B) ONLY ONCE, and only if ANY drug was used once a month or more (D4) in the past 12 months (D3= 1 or2)

For positive screen results (First for Alcohol, then for all drugs combined):

Read questions E1 to E10 and record responses for Columns A and B.

Substitute Aalcohol® or Athe drugs you used® for [SUBST] below.

NOTE: The questions are to be asked only one time for ADrugs.® Before asking the DRUG questions, read the following to the respondent:

AI am going to ask you **one set** of questions about things that might have happened as a result of your using **any** of the drugs you have used in the past 12 months. I won't be asking which drug was responsible for any particular thing, but only if it happened.

Before I start, you reported, that you used (**recite drugs reported within past 12 months in D3**). Is that correct?® (If NO, clarify and correct.)

Ask drug questions in Problem Index below? DRUG_SCRN. 0 NO 1 YES

1. Was there ever a time when....

0	NO				7	DON-T KNOW
1	YES				8	REFUSED

2. **FOR EACH AYES® ASK:** Did it happen in the past year?

0	NO					
1	YES		(GO TO NEXT SYMPTOM)			
7	DON-T KNOW					
8	REFUSED					

Diagnostic Questions	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
Is there ever a time when...				
1. You spent a lot of time using [SUBST], (pause) getting over its effects, (pause), or obtaining it?				
2. You used [SUBST] much more often (pause) or in larger amounts than you intended to?				
3. Using the same amount of [SUBST] had less effect than before, (pause) or it took more to feel the same effect?				
4. Your use of [SUBST] often kept you from working, (pause) going to school, (pause) taking care of children, (pause) or taking part in recreational activities?				
5. Your use of [SUBST] caused you to have emotional or psychological problems such as feeling uninterested in things, depressed, suspicious of people, or paranoid? [IF NO, RECORD AND GO TO E6.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
6. Your use of [SUBST] caused you to have any physical health problems? [IF NO, RECORD AND GO TO E7.] [IF YES] Did you continue to use in spite of this? [RECORD AND CONTINUE.]				
7. You wanted to stop using, (pause) or cut down on [SUBST] more than once, but found that you couldn't?				
8. You made rules about where, when or how much you would use [SUBST], and then broke the rules more than once?				
9. You had any of the following symptoms as the effect of the [SUBST] was wearing off?				
E9a. Anxiety, sweating, hands trembling, or heart beating fast				
E9b. Trouble sleeping or having bad dreams				
E9c. Vomiting or feeling nauseous				
E9d. Seeing, hearing, or feeling things that weren't really there				
E9e. Feeling either very slowed down, or like you couldn't sit still				
E9f. Seizures or fits				

Diagnostic Questions	Alcohol		Any Drug	
	A. Ever	B. When	A. Ever	B. When
Is there ever a time when...				
READ THE FOLLOWING 4 SYMPTOMS (!) FOR DRUGS ONLY:				
E9g. ! Feeling exhausted, or sleeping more than you normally do				
E9h. ! Diarrhea				
E9i. ! Cramps or muscle aches				
E9j. ! Eating either more or less than you usually do				
10. (ASK E10 IF YES TO SYMPTOMS IN ANY E9.) You took [SUBST] to prevent or cure these problems?				

F. OTHER BEHAVIORS

F1. To F11. I am going to ask you how many times several experiences might have happened to you in the past 12 months. For each one, if you did not have the experience, answer *Anone.*@

[ASK QUESTIONS F4, F5, F6, F7, AND F11 ONLY IF C3 = (1 OR 2) OR D3 = (1 OR 2)]

3. How many times in the past 12 months ... ?
 _____ **# OF TIMES** (CODE 20 OR MORE AS 20)
 77 **DON-T KNOW**
 88 **REFUSED]**

(IF C3 ... (1 OR 2) SKIP TO COLUMN C)

4. How many of these involved you drinking alcohol?
 _____ **# OF TIMES** (CODE 6 OR MORE AS 6)
 7 **DON-T KNOW**
 8 **REFUSED]**

(IF D3 ... (1 OR 2) SKIP TO SECTION G)

5. How many involved you using drugs?
 _____ **# OF TIMES** (CODE 6 OR MORE AS 6)
 7 **DON-T KNOW**
 8 **REFUSED**

the past 12 months, . . .	Num	Alc	C. Dru g
. Did you have any accidental injuries that required professional medical care?			
. Were you involved in any serious arguments?			
. Did you get into any physical fights?			
. Did friends, family members, or others complain about your using alcohol or drugs?			
. Did you drive at all after drinking or using drugs?			
. Were you arrested for driving under the influence of alcohol or drugs?			
. Were you arrested and booked for drunkenness or other liquor law violations?			
. Were you arrested and booked for possession or sale of drugs?			
. Were you arrested and booked for any other violation of the law, other than minor traffic			

	violations?			
0.	Were you on probation or parole at any time?			
1.	Did you do anything else that could be considered risky after you used alcohol or drugs?			

G. TREATMENT HISTORY

[IF BOTH C1 AND D1 ARE ANSWERED ANO@ SKIP THIS SECTION]

The next questions are about counseling or treatment **for alcohol or drugs**, but **not** cigarettes or other tobacco. First I will ask about attendance at self-help group meetings. Do not include educational classes in any of your answers.

G1. Have you ever attended even one meeting of a self help group such as Alcoholics Anonymous or Narcotics Anonymous because you thought you might have a problem?

- | | | | |
|---|----------------------|---|-------------------|
| 0 | NO (GO TO G2) | 7 | DON=I KNOW |
| 1 | YES | 8 | REFUSED |

G1a. About how many self-help meetings have you **ever** attended in your entire life?

- | | |
|---|-------------------|
| 1 | Less than 10 |
| 2 | 10 to 100 |
| 3 | More than 100 |
| 7 | DON=I KNOW |
| 8 | REFUSED |

G1b. How long has it been since the last time you attended a self-help meeting?

- | | |
|---|---|
| 1 | Within the past 30 days |
| 2 | More than 30 days ago but within the past 12 months |
| 3 | More than 12 months ago |
| 7 | DON=I KNOW |
| 8 | REFUSED |

Now I will ask about professional help, **not** including self-help groups or educational classes.

G2. Have you ever received treatment or counseling for your use of alcohol or any drug?

- | | | | |
|---|------------------------|---|-------------------|
| 0 | NO (GO TO G8) | 7 | DON=I KNOW |
| 1 | YES (GO TO G2a) | 8 | REFUSED |

G2a. How many times in your life have you been in treatment or counseling?

- | | |
|---|-------------------|
| _____ # OF TIMES (RANGE 1 - 6 CODE MORE THAN 6 AS 6) | |
| 7 | DON=I KNOW |
| 8 | REFUSED |

G2b. Were you last in treatment or counseling ...

- | | |
|---|--|
| 1 | Within the past 30 days? |
| 2 | More than 30 days ago but within the past 12 months? |
| 3 | More than 12 months ago? |
| 7 | DON=I KNOW |
| 8 | REFUSED |

G3. What was the **main** place where you received treatment or counseling the last time?

- 1 Hospital overnight as an inpatient
- 2 Hospital emergency room
- 3 Residential drug or alcohol rehabilitation facility program
- 4 Outpatient drug or alcohol rehabilitation program
- 5 Outpatient mental health center
- 6 Private therapist or doctor's office
- 7 Prison or jail
- 8 Some other place
- 77 ***DON=I KNOW***
- 88 ***REFUSED***

G4. The last time you received treatment or counseling, was it for...

- 1 Alcohol use only?
- 2 Drug use only?
- 3 Both alcohol and drug use?
- 7 ***DON=I KNOW***
- 8 ***REFUSED***

G5. How did your treatment or counseling end?

- 1 Still in treatment (GO TO G5c)
- 2 Successfully completed treatment (GO TO G5b)
- 3 Left treatment before completing it
- 7 ***DON=I KNOW***
- 8 ***REFUSED***

G5a. What was the **main** reason for not completing? Did you leave because ...

- 1 You had a problem with the program?
- 2 You couldn't afford to continue treatment?
- 3 Your family needed you
- 4 You began using alcohol or drugs again?
- 5 Staff discharged you
- 6 Some other reason: (specify)_____
- 7 ***DON=I KNOW***
- 8 ***REFUSED***

G5b. How long did you stay in treatment or counseling the last time?

- _____ # OF DAYS/WEEKS/MONTHS/YEARS (GO TO G6)
- 777 ***DON=I KNOW*** (GO TO G6)
- 888 ***REFUSED*** (GO TO G6)

G5c. How long have you been in treatment or counseling this time?

- _____ # OF DAYS/WEEKS/MONTHS/YEARS
- 777 ***DON=I KNOW***
- 888 ***REFUSED***

G6. Did any of the following sources pay **even part** of the cost of your last treatment? Answer yes or no to each as I read them. **[READ LIST OF SOURCES.]**

0 **NO** 7 **DON= T KNOW**
1 **YES** 8 **REFUSED**

Payment sources	CODE	Payment sources	CODE
5G6a. Private health insurance		5G6f. Family members	
5G6b. Medicare		G6g. The State or the courts	
5G6c. Medicaid		G6h. Military health care	
5G6d. Other public assistance program		5G6i. Employer	
5G6e. Your own savings or earnings		5G6j. Some other source	

(ASK G7 ONLY IF G2b = 1 OR 2)

G7. Were you enrolled in a treatment program for your alcohol or drug use on _____ ?

[STATE WILL INSERT DATE OF MOST RECENT NATIONAL SURVEY OF SUBSTANCE ABUSE TREATMENT SERVICES (NSSATS). SEE NOTES]

Please include only formal inpatient or outpatient treatment you received at a hospital, drug rehabilitation facility, or mental health center.

0 **NO** 7 **DON= T KNOW**
1 **YES** 8 **REFUSED**

(IF C1 = ANO@ THEN GO TO G9)

G8. During the past 12 months, did you **need** treatment or counseling for your use of alcohol but did not receive it?

0 **NO** (GO TO G9) 7 **DON= T KNOW**
1 **YES** (GO TO G8a) 8 **REFUSED**

G8a. During the past 12 months, did you **try** to get treatment or counseling for your use of alcohol?

0 **NO** 7 **DON= T KNOW**
1 **YES** 8 **REFUSED**

(IF D1 = ANO@ THEN GO TO H1)

G9. During the past 12 months, did you **need** treatment or counseling for your use of drugs but did not receive it?

0 **NO** (GO TO SECTION H) 7 **DON= T KNOW**
1 **YES** (GO TO G9a) 8 **REFUSED**

G9a. During the past 12 months, did you **try** to get treatment or counseling for your use of drugs?

0 **NO** 7 **DON= T KNOW**
1 **YES** 8 **REFUSED**

H. ADDITIONAL DEMOGRAPHICS

Now I am going to ask you a few more questions about your background and living situation before we complete the interview.

H1. Are you now attending or enrolled in school? By school, I mean any public or private school, GED program, trade school, or a college or university.

0 NO (GO TO H1a)	7 <i>DON'T KNOW</i>
1 YES (GO TO H2)	8 <i>REFUSED</i>

H1a. How old were you when you stopped attending school?
 _____ **YEARS OLD (CODE 76 FOR 76 OR MORE)**

77 <i>DON'T KNOW</i>	88 <i>REFUSED</i>
-----------------------------	--------------------------

H2. How much school have you completed?

0	None
1	First through 8th grade
2	Some high school, but no diploma
3	High school graduate or GED
4	Some college, but no degree
5	Associate degree (2 Year)
6	College graduate (4 Year)
7	Advanced degree (Masters or Higher)
77	<i>DON'T KNOW</i>
88	<i>REFUSED</i>

H3. Which one of the following best describes your current marital status. Are you ...

1	Married?
2	Living as married?
3	Never married?
4	Divorced or separated?
5	Widowed?
7	<i>DON'T KNOW</i>
8	<i>REFUSED</i>

H4. Were you born in the United States?

0 NO (GO TO H4a)	7 <i>DON'T KNOW</i>
1 YES (GO TO H5)	8 <i>REFUSED</i>

H4a. What country or U.S. territory were you born in?

COUNTRY OR U.S. TERRITORY: _____

H4b. About how many years have you lived in the United States?

_____ **# OF YEARS (CODE 76 FOR 76 OR GREATER)**
77 ***DON=I KNOW***
78 ***REFUSED***

- H5. What is your current work status?
- 1 Working full-time, 35 or more hours per week in one or more jobs (**GO TO H6**)
 - 2 Working part-time (**GO TO H6**)
 - 3 Not working at present (**GO TO H5a**)
 - 7 ***DON=*T KNOW**
 - 8 ***REFUSED***

H5a. Are you not working because you are ...

- 1 A seasonal worker?
- 2 A full-time homemaker?
- 3 In school?
- 4 Retired?
- 5 Disabled for work?
- 6 Other?
- 7 ***DON=*T KNOW**
- 8 ***REFUSED***

H6. Think now about the last 12 months. Did you have any children under 18 living with you most or all of the time?

- | | | | | |
|---|------------|----------------------|---|--------------------------|
| 0 | NO | (GO TO H7) | 7 | <i>DON=</i>T KNOW |
| 1 | YES | (GO TO H6a) | 8 | <i>REFUSED</i> |

H6a. How many of these children did you have primary care responsibilities for? By ***primary care responsibilities***, I mean that you fed and clothed them and took care of them.

_____ **# OF CHILDREN**

- 77 ***DON=*T KNOW**
- 88 ***REFUSED***

[ASK ONLY FEMALES AGE 50 OR LESS. FOR OTHERS GO TO H9.]

H7. Are you pregnant now?

- | | | | | |
|---|------------|-----------------------|---|--------------------------|
| 0 | NO | (GOTO TO H8) | 7 | <i>DON=</i>T KNOW |
| 1 | YES | (GOTO TO H9) | 8 | <i>REFUSED</i> |

H8. Were you pregnant at any time in the last 12 months?

- | | | | |
|---|------------|---|--------------------------|
| 0 | NO | 7 | <i>DON=</i>T KNOW |
| 1 | YES | 8 | <i>REFUSED</i> |

[ASK ALL RESPONDENTS]

Very often in health studies like this, information on the general area where people live is used for health planning purposes. For this reason, we would like to know your county of residence and five-digit zip code. (**ENTER BOTH WITH LEADING ZEROS WHERE NEEDED**)

H9. What county do you live in? ____ | ____ | ____ (**USE FIPS CODES**)

H10. What is your five-digit zip code? ____ | ____ | ____ | ____ | ____

H11. In studies like this, households are often grouped according to income. Now I am going to ask you the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on, for all household members combined.

First, please tell me whether you want to give your answer in dollars per week, every two weeks, month or year?

- 1 **PER WEEK**
- 2 **BI-WEEKLY** (every two weeks)
- 3 **PER MONTH**
- 4 **PER YEAR**
- 7 ***DON=T KNOW***
- 8 ***REFUSED***

[**READ >YOUR= INSTEAD OF >YOUR HOUSEHOLD=S= IF S2 = 1.**]

H11a. Now, if you added up [*all your*] [*every household member=s income*], how much would it be each [*week*] [*two weeks*] [*month*] [*year*]?

- \$ _____ (**ENTER DOLLAR AMOUNT, ENTER A10" FOR < \$10**)
- 0 **NONE**
- 7 ***DON=T KNOW***
- 8 ***REFUSED***

That completes our survey. We appreciate your time and cooperation. Your answers, along with those of others, will help us better provide for the residents of (STATE). We want to reassure you that your responses will be kept strictly confidential. Thank you so much. (**GO TO J1d**)

J. CLOSING

- J1a. Your household does not qualify for our survey. I appreciate your taking the time to speak with me. Thank you. **(GO TO J1d)**
- J1b. People who are younger than 18 years old are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J1d)**
- J1c. People who are on active duty in the armed forces are not eligible to be interviewed in this study. I appreciate your taking the time to speak with me. Thank you. **(GO TO J1d)**

[COMPLETE REMAINING QUESTIONS AFTER ENDING PHONE CALL.]

DATE AND TIME INTERVIEW ENDED:		
d. DATE: (MM:DD:YY)	_ _ _	
e. TIME: (HH:MM)	_ _	f. AM=1 / PM=2: _

J2. How would you (the interviewer) rate the quality of the information obtained in this interview?

- 4 Excellent (no problems at all) **(GO TO THE END)**
- 3 Good (a few problems but overall comprehension good)
- 2 Fair (a number of problems, but overall acceptable)
- 1 Poor (many problems, overall quality open to question)
- 0 Inadequate (interview was terminated by interviewer, or quality judged too poor to be included in data set)

J3. **(IF NOT EXCELLENT)** What were the reasons that the quality of information was less than excellent? **(CHECK ALL THAT APPLY.)**

- 1. Interview not in respondent's native language _____
- 2. Hearing (hearing loss or background noise) _____
- 3. Interruptions or distractions _____
- 4. Poor phone connection _____
- 5. Infirm (too old, weak, sick) _____
- 6. Intoxication _____
- 7. Respondent was rushed _____
- 8. Respondent did not take interview seriously _____
- 9. Respondent did not understand _____
the meaning of some of the questions.
- 10. Respondent was offended by interview _____
- 11. Respondent may not have been truthful _____
because someone else was listening
- 12. Other **(SPECIFY:_____)**

(THE END)